

DCFS PMF 110 – TRAVEL EXPENSE ACCOUNT FORM (T/E)

INSTRUCTIONS

PMF 110
TRAVEL EXPENSE ACCOUNT FORM
(05/12)

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

DATE OF CLAIM

1

WORK SCHEDULE

2

NAME OF OFFICER OR EMPLOYEE

3

OFFICIAL USE ONLY

4 TRIP NUMBER

DIVISION

5

HOME ADDRESS

6

PERSONNEL NUMBER

7

SECTION

8

CITY

9

FOR PERIOD

10

Expense Summary

			EXPENSE SUMMARY
TRANSPORTATION	ADVANCE RECOUPMENT		\$ 11
	AUTOMOBILE	12 miles @ 51	\$ 13
	AIRPLANE		\$ 14
	OTHER		\$ 15
SUBSISTENCE	LODGING		\$ 17
	MEALS		\$ 18
TOLLS AND PARKING			\$ 20
TIPS			\$ 21
OTHER EXPENSES			\$ 22
TOTAL REIMBURSEMENT COST			\$ 23

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNATURE BY PAYEE

24

TITLE OR POSITION

25

OFFICIAL DOMICILE

26

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper and that, in my opinion, the amounts claimed are just and reasonable.

SIGNATURE

27

PRINT NAME

28

TITLE

29

Approved for Payment

AUDITED BY

30

AGENCY NO. 31	ORGANIZATION NUMBER 32	OBJECT 33	REPORTING CATEGORY 34	AMOUNT 35
3 6 0				

Back (or Page 2) of PMF 110

DATE	HOUR AM/PM		TERRITORY TRAVELED SHOW ALL POINTS VISITED AND PURPOSE OF TRIP OR NECESSITY OF TRAVEL	ODOMETER READING/WEBSITE MILEAGE		MILES TRAV	SUBSISTENCE			TOLLS AND PARK.	TIPS	OTHER EXPENSES	
	DEP	ARR		DEPART	ARRIVE		LODGING	MEALS				DESCRIPTION	COST
								NO.	COST				
36	37		38	39		40	41	42	43	44	45	46	47
TOTALS						48	49	50	51	52	53		54

FRONT (PAGE 1) OF FORM

1. **DATE OF CLAIM:** Date the Travel Expense form (T/E) is completed by the traveler.
2. **WORK SCHEDULE:** Employee's assigned work hours.
3. **NAME OF OFFICER OR EMPLOYEE:** Employee's name or name of a vendor if a direct payment is being made; registration fee; hotel direct billing, etc.
4. **TRIP NUMBER:** This number will be assigned to TE by the Travel Unit.
5. **DIVISION:** Examples: Executive Division, Operations Division, Programs Division, Management and Finance Division
6. **HOME ADDRESS:** Employee's home address.
7. **PERSONNEL NUMBER:** Employee's Personnel Number.
8. **SECTION:** Examples: Child Welfare, Child Support, Fiscal Services
9. **CITY:** See Item 6 above.
10. **FOR PERIOD:** The first date of travel and the last date of travel.
11. **ADVANCE RECOUPMENT:** Amount of cash advance, if applicable.
12. **TRANSPORTATION - AUTOMOBILE:** Total number of miles from Item 48 on back (page 2) of form @51 cents per mile.
13. **AMOUNT:** Number of miles times 51 cents.
14. **TRANSPORTATION - AIRPLANE:**
 - A. Fill in amount if requesting reimbursement for airplane ticket along with other trip expenses or indicate if payment for this item was using a Controlled Billed Account

(CBA) or State Liability Travel Card.

- B. If requesting advance payment of airplane ticket (if the ticket was booked 30 days or more in advance and employee has received their travel card bill), fill in amount. A copy of the travel card bill must be attached. Mark out the account number, if desired. When submitting T/E for remaining expenses associated with the trip, write in PREPAID in this section. Attach a copy of the airplane ticket.
- C. If the airplane ticket was paid through the employee's agency Controlled Bill Account (CBA), write CBA in this section and attach a copy of the airplane ticket.

- 15. **TRANSPORTATION - OTHER:** Total of other transportation listed in Item 54 on back (page 2) of form, i.e. taxi, bus, shuttle, etc.
- 16. Total of Items 13, 14 and 15.
- 17. **SUBSISTENCE - LODGING:** Total from Item 49 on back (page 2) of form. Indicate if payment was made using a CBA or State liability Travel Card.
- 18. **SUBSISTENCE - MEALS:** Total from Item 51 on back (page 2) of form.
- 19. Total of Items 17 and 18.
- 20. **TOLLS AND PARKING:** Total from Item 52 on back (page 2) of form.
- 21. **TIPS:** Total from Item 53 on back (page 2) of form.
- 22. **OTHER EXPENSES:** Total from Item 54 (excluding transportation) on back (page 2) of form.
- 23. **TOTAL REIMBURSEMENT COST:** Total of Items 16, 19, 20, 21, and 22, less the amount in Item 11. If the net amount is less than zero, attach a check or money order with T/E.
- 24. **SIGNATURE BY PAYEE:** Employee's signature.
- 25. **TITLE OR POSITION:** Employee's Civil Service or position title.
- 26. **OFFICIAL DOMICILE:** Employee's official domicile, including physical address.
- 27. **SIGNATURE:** Signature of person authorized to approve travel for employee.
- 28. **PRINT NAME:** Printed name of person authorized to approve travel for employee.
- 29. **TITLE:** Authorized person's Civil Service or position title.
- 30. **AUDITED BY:** Initialed by employee in Fiscal Services Travel Unit responsible for auditing T/E.
- 31. **AGENCY NO.:** DCFS-360
- 32. **ORGANIZATION NUMBER:** 4 digit number. This field must be completed.

33. OBJECT: This field must be completed.

2500 In-State Travel - Administrative
2510 In-State Travel - Conference and Convention
2520 In-State Travel - Field Travel
2530 In-State Travel - Board Members
2550 In-State Travel IT - Administrative
2600 Out-of-State Travel - Administrative
2610 Out-of-State Travel - Conference and Convention
2620 Out-of-State Travel - Field Travel
2630 Out-of-State Travel - Board Members
2650 Out-of-State Travel IT – Training
3700 In-State Travel – Grants and Projects
3710 Out-of-State Travel – Grants and Projects

34. REPORTING CATEGORY: 4 digit number. This field must be completed. If not applicable, place N/A in the block.

35. AMOUNT: Amount of each line of coding.

BACK (PAGE 2) OF FORM

36. DATE: Date of travel; list each date traveled.

37. HOUR: List departure and arrival time including a.m. or p.m. for each single day's travel. If travel includes overnight stay, only list the departure time including a.m. or p.m. on first day of travel and the arrival (return) time, including a.m. or p.m. on the last day of travel.

38. TERRITORY TRAVELED AND PURPOSE OF TRIP OR NECESSITY OF TRAVEL: List location (town) traveled from, all points visited and location returned to. Also state the purpose of trip or necessity of travel.

39. ODOMETER READING: Use car's odometer reading, not the trip odometer reading. List the beginning odometer reading under Depart and the ending under Arrive for each day on travel status.

40. MILES TRAVELED: Subtract the beginning odometer reading from the ending odometer reading to get number of miles traveled.

41. SUBSISTENCE – LODGING (itemized daily): Employees will be reimbursed the actual lodging rate, not to exceed the allowable amount, plus tax; receipt required. The inclusion of suburbs shall be determined by the department head on a case-by-case basis.

Routine Lodging (Employees will be reimbursed lodging rate, plus tax; receipt required.)

Employees should refer to [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for approved rates.

Conference Lodging (Employees will be reimbursed lodging rate, plus tax; receipt required.) Travelers may be reimbursed expenses for conference hotel lodging, if the reservations are made at the actual conference hotel. When reservations are not available at the conference

hotel and multi-hotels are offered in conjunction with a conference, traveler shall seek prices and utilize the least expensive. In the event all conference hotels are unavailable, then the traveler is subject to making reservations within the hotel rates as allowed in Item 41 above. The inclusion of suburbs shall be determined by the department head on a case-by-case basis.

Employees should refer to [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for approved rates.

- 42. SUBSISTENCE - MEALS/NO:** List number of meals for which reimbursement is requested, itemized daily.

Employees should refer to [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for approved meals rates.

- 43. SUBSISTENCE - MEALS/COST:** List the cost of meals (including tips), itemized daily.

Employees should refer to [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for approved meals rates.

Receipts are not required for routine meals within these allowances. Number of meals claimed must be shown on travel voucher. Partial meals such as continental breakfasts or airline meals are not considered meals. If meals of state officials exceed these allowances, receipts are required. Meals provided by a conference cannot be reimbursed.

- 44. Parking and Related Parking Expenses**

Employees should refer to [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for approved rates.

- 45. TIPS:** Baggage tips:

Employees should refer to [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for approved rates.

- 46. OTHER EXPENSES/DESCRIPTION:** List the description of any expenses not covered in items 41 through 45; appearing on line 14, 15 or 22 above.

Employees should refer to [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for additional expenses that may be reimbursed.

- 47. OTHER EXPENSES/COST:** List the cost of each item described.

- 48. TOTALS/MILES TRAVELED:** Total the number of miles traveled listed in Item 40. Enter this amount in Item 13 on the front (page 1) of the form.

- 49. TOTALS/LODGING:** Total the amount of lodging listed in Item 41. Enter this amount in Item 17 on the front (page 1) of the form.

- 50. TOTALS/MEALS NO.:** Total the number of meals listed in Item 42.

- 51. TOTALS/MEALS COST:** Total the amount of meals listed in Item 43. Enter this amount in Item 18 on front (page 1) of form.

- 52. TOTALS/TOLLS AND PARKING:** Total the amount of tolls and parking listed in Item 44. Enter this amount in Item 20 on front (page 1) of form.
- 53. TOTALS/TIPS:** Total the amount of tips in Item 45. Enter this amount in Item 21 on front (page 1) of form.
- 54. TOTALS/OTHER EXPENSES COST:** Total the amount of other expenses listed in Item 47. Enter this amount, excluding airplane and other transportation, in Item 22 on front (page 1) of form. Enter airplane expenses in Item 14 and other transportation expenses in Item 15 on front (page 1) of form.

NOTE: Please do not write any information in the section titled “**Official Use Only.**” This section is reserved for the Travel Unit.